PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

Applicant's or agent's file reference
(if desired) (12 characters maximum) E053870-DG

Box No. I	TITLE OF INVENTION

A motor function test system

Box No. II	APPLICANT	☐ This person is also inventor

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

ISTITUTO CLINICO HUMANITAS
Via Manzoni, 56
I-20089 ROZZANO
(Milano - Italy)

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

UNIVERSITA' DEGLI STUDI DI PAVIA
Dipartimento di Informatica e Sistemistica
Via Ferrata, 1
I-27100 PAVIA
ITALY

This person is:

☒ applicant only

☐ applicant and inventor

☐ inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV	AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: ☒ agent ☐ common representative

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

GIUGNI Diego, SINISCALCO Fabio, LONG Giorgio, CRIPPA Paolo Ernesto, POSTIGLIONE Ferruccio, SIMONELLI Ilaria, VITTORANGELI Lucia, MAGGIONI Claudio
JACOBACCI & PARTNERS S.p.A.
Via Senato, 8 - I-20121 MILANO - ITALY

Telephone No.
+ 39 02 772271

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+39 02 794925

Teleprinter No.

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III   FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)* PANELLA Lorenzo c/o ISTITUTO CLINICO HUMANITAS Via Manzoni, 56 I-20089 ROZZANO (Milano - Italy)	This person is: ☐ applicant only ☒ applicant and inventor ☐ inventor only *(If this check-box is marked, do not fill in below.)*
	Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☒ the United States of America only	☐ the States indicated in the Supplemental Box

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)* BUIZZA Angelo c/o UNIVERSITA' DEGLI STUDI DI PAVIA Dipartimento di Informatica e Sistemistica Via Ferrata, 1 I-27100 PAVIA ITALY	This person is: ☐ applicant only ☒ applicant and inventor ☐ inventor only *(If this check-box is marked, do not fill in below.)*
	Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☒ the United States of America only	☐ the States indicated in the Supplemental Box

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	Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☒ the United States of America only	☐ the States indicated in the Supplemental Box

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	Applicant's registration No. with the Office

State *(that is, country)* of nationality: ITALY	State *(that is, country)* of residence: ITALY

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☒ the United States of America only	☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Continuation of Box No. III	FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)*

GANDOLFI Roberto
c/o UNIVERSITA' DEGLI STUDI DI PAVIA
Dipartimento di Informatica e Sistemistica
Via Ferrata, 1
I-27100 PAVIA
ITALY

This person is:

☐ applicant only

☒ applicant and inventor

☐ inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:
ITALY

State *(that is, country)* of residence:
ITALY

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☒ the United States of America only	☐ the States indicated in the Supplemental Box

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☐ applicant only

☐ applicant and inventor

☐ inventor only *(If this check-box is marked, do not fill in below.)*

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☐ applicant only

☐ applicant and inventor

☐ inventor only *(If this check-box is marked, do not fill in below.)*

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This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☐ the United States of America only	☐ the States indicated in the Supplemental Box

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This person is:

☐ applicant only

☐ applicant and inventor

☐ inventor only *(If this check-box is marked, do not fill in below.)*

Applicant's registration No. with the Office

State *(that is, country)* of nationality:

State *(that is, country)* of residence:

This person is applicant for the purposes of:	☐ all designated States	☐ all designated States except the United States of America	☐ the United States of America only	☐ the States indicated in the Supplemental Box

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☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Form PCT/RO/101 (continuation sheet) (March 2001; reprint July 2003)   *See Notes to the request form*

| Box No. V | DESIGNATION OF STATES | *Mark the applicable check-boxes below; at least one must be marked.* |

The following designations are hereby made under Rule 4.9(a):

Regional Patent

☒ **AP** ARIPO Patent: GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT *(if other kind of protection or treatment desired, specify on dotted line)* ....

☒ **EA** Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT

☒ **EP** European Patent: AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania, SE Sweden, SI Slovenia, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT

☒ **OA** OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT *(if other kind of protection or treatment desired, specify on dotted line)* ....

National Patent *(if other kind of protection or treatment desired, specify on dotted line):*

☒ AE	United Arab Emirates	☒ HR	Croatia	☒ OM	Oman
☒ AG	Antigua and Barbuda	☒ HU	Hungary	☒ PG	Papua New Guinea
☒ AL	Albania.....................	☒ ID	Indonesia	☒ PH	Philippines ....
☒ AM	Armenia.....................	☒ IL	Israel......................	☒ PL	Poland......................
☒ AT	Austria and utility model	☒ IN	India......................	☒ PT	Portugal and utility model .....
☒ AU	Australia....................	☒ IS	Iceland	☒ RO	Romania
☒ AZ	Azerbaijan	☒ JP	Japan......................	☒ RU	Russian Federation ....
☒ BA	Bosnia and Herzegovina	☒ KE	Kenya......................		....
☒ BB	Barbados	☒ KG	Kyrgyzstan	☒ SC	Seychelles
☒ BG	Bulgaria.....................	☒ KP	Democratic People's Republic	☒ SD	Sudan
☒ BR	Brazil.......................		of Korea	☒ SE	Sweden
☒ BY	Belarus.....................	☒ KR	Republic of Korea	☒ SG	Singapore
☒ BZ	Belize.......................	☒ KZ	Kazakhstan	☒ SK	Slovakia and utility model.....
☒ CA	Canada	☒ LC	Saint Lucia	☒ SL	Sierra Leone ....
☒ CH & LI	Switzerland and Liechtenstein	☒ LK	Sri Lanka	☒ SY	Syrian Arab Republic
☒ CN	China.......................	☒ LR	Liberia	☒ TJ	Tajikistan ....
☒ CO	Colombia....................	☒ LS	Lesotho	☒ TM	Turkmenistan ....
☒ CR	Costa Rica	☒ LT	Lithuania	☒ TN	Tunisia
☒ CU	Cuba.......................	☒ LU	Luxembourg	☒ TR	Turkey.....................
☒ CZ	Czech Republic and utility model .	☒ LV	Latvia	☒ TT	Trinidad and Tobago ....
☒ DE	Germany and utility model	☒ MA	Morocco....................		....
☒ DK	Denmark and utility model	☒ MD	Republic of Moldova	☒ TZ	United Republic of Tanzania
☒ DM	Dominica		....	☒ UA	Ukraine ....
☒ DZ	Algeria.....................	☒ MG	Madagascar..................	☒ UG	Uganda ....
☒ EC	Ecuador.....................	☒ MK	The former Yugoslav Republic of	☒ US	United States of America ......
☒ EE	Estonia and utility model		Macedonia		....
☒ ES	Spain	☒ MN	Mongolia	☒ UZ	Uzbekistan ....
☒ FI	Finland and utility model........	☒ MW	Malawi	☒ VC	Saint Vincent and the Grenadines
☒ GB	United Kingdom	☒ MX	Mexico	☒ VN	Viet Nam ....
☒ GD	Grenada	☒ MZ	Mozambique	☒ YU	Serbia and Montenegro ....
☒ GE	Georgia.....................	☒ NI	Nicaragua	☒ ZA	South Africa ....
☒ GH	Ghana	☒ NO	Norway	☒ ZM	Zambia
☒ GM	Gambia	☒ NZ	New Zealand	☒ ZW	Zimbabwe ....

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

☒ EG Egypt................ ☐ .... ☐ ....

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. *(Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)*

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application *(day/month/year)*	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application:* regional Office	international application: receiving Office
item (1)				
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) *(only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office)* identified above as:

☐ all items ☐ item (1) ☐ item (2) ☐ item (3) ☐ item (4) ☐ item (5) ☐ other, see Supplemental Box

* *Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):* . . . .
. . . .

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) *(if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used)*:

ISA / .EP . . . .

Request to use results of earlier search; reference to that search *(if an earlier search has been carried out by or requested from the International Searching Authority)*:
Date *(day/month/year)*   Number   Country *(or regional Office)*

Box No. VIII DECLARATIONS

The following **declarations** are contained in Boxes Nos. VIII (i) to (v) *(mark the applicable check-boxes below and indicate in the right column the number of each type of declaration)*:   Number of declarations

☐ Box No. VIII (i)   Declaration as to the identity of the inventor   :

☐ Box No. VIII (ii)   Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent   :

☐ Box No. VIII (iii)   Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application   :

☐ Box No. VIII (iv)   Declaration of inventorship (only for the purposes of the designation of the United States of America)   :

☐ Box No. VIII (v)   Declaration as to non-prejudicial disclosures or exceptions to lack of novelty   :

Box No. IX	CHECK LIST; LANGUAGE OF FILING

This international application **contains**:

(a) **in paper form**, the following number of sheets:

request (including declaration sheets)	:	6
description (excluding sequence listings and/or tables related thereto)	:	24
claims	:	7
abstract	:	1
drawings	:	2
Sub-total number of sheets :		40
sequence listings	:	
tables related thereto	:	

(for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below)

Total number of sheets	:	40

(b) ☐ **only in computer readable form** (Section 801(a)(i))

   (i) ☐ sequence listings

   (ii) ☐ tables related thereto

(c) ☐ **also in computer readable form** (Section 801(a)(ii))

   (i) ☐ sequence listings

   (ii) ☐ tables related thereto

Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the

☐ sequence listings: ....

☐ tables related thereto: ....

(additional copies to be indicated under items 9(ii) and/or 10(ii), in right column)

This international application is **accompanied by** the following item(s) *(mark the applicable check-boxes below and indicate in right column the number of each item):* — Number of items

1. ☒ fee calculation sheet : 1

2. ☐ original separate power of attorney :

3. ☐ original general power of attorney :

4. ☐ copy of general power of attorney; reference number, if any: .... :

5. ☐ statement explaining lack of signature :

6. ☐ priority document(s) identified in Box No. VI as item(s): .... :

7. ☐ translation of international application into *(language):* .... :

8. ☐ separate indications concerning deposited microorganism or other biological material :

9. ☐ sequence listings in computer readable form *(indicate type and number of carriers)*

   (i) ☐ copy submitted for the purposes of international search under Rule 13*ter* only (and not as part of the international application):

   (ii) ☐ *(only where check-box (b)(i) or (c)(i) is marked in left column)* additional copies including, where applicable, the copy for the purposes of international search under Rule 13*ter* :

   (iii) ☐ together with relevant statement as to the identity of the copy or copies with the sequence listings mentioned in left column :

10. ☐ tables in computer readable form related to sequence listings *(indicate type and number of carriers)*

   (i) ☐ copy submitted for the purposes of international search under Section 802(b-*quater*) only (and not as part of the international application) :

   (ii) ☐ *(only where check-box (b)(ii) or (c)(ii) is marked in left column)* additional copies including, where applicable, the copy for the purposes of international search under Section 802(b-*quater*) :

   (iii) ☐ together with relevant statement as to the identity of the copy or copies with the tables mentioned in left column :

11. ☐ other *(specify):* .... :

Figure of the drawings which should accompany the abstract: 1	**Language of filing** of the international application: **ITALIAN**

Box No. X	SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).

GIUGNI Diego (The Agent)

For receiving Office use only

1. Date of actual receipt of the purported international application:

3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:

4. Date of timely receipt of the required corrections under PCT Article 11(2):

5. International Searching Authority (if two or more are competent): ISA /

2. Drawings:

☐ received:

☐ not received:

6. ☐ Transmittal of search copy delayed until search fee is paid

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For International Bureau use only

Date of receipt of the record copy by the International Bureau: